

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

2021 Massachusetts Avenue, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411553

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election Year Only)
- ☐ Mar 20 (M3) ☒ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
05 01 2012

through

M M M / D D D / Y Y Y Y Y Y
05 31 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Randell K. Wexler, MD

Signature of Treasurer

Randell K. Wexler, MD

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
06 20 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
05 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
05 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		337366.19
(b) Cash on Hand at Beginning of Reporting Period.....	377297.95	
(c) Total Receipts (from Line 19)	88148.20	256259.31
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	465446.15	593625.50
7. Total Disbursements (from Line 31)	44185.30	172364.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	421260.85	421260.85
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
05 01 2012

To:

M M / D D / Y Y Y Y Y
05 31 2012
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

60707.59

190173.98

(ii) Unitemized

26585.76

62889.25

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

87293.35

253063.23

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

87293.35

253063.23

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

854.85

3196.08

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

88148.20

256259.31

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

88148.20

256259.31

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	985.30	3584.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	985.30	3584.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42200.00	166200.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1000.00	2580.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1000.00	2580.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	44185.30	172364.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44185.30	172364.65

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	87293.35	253063.23
34. Total Contribution Refunds (from Line 28(d))	1000.00	2580.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	86293.35	250483.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	985.30	3584.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	854.85	3196.08
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	130.45	388.57

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christine S Albrecht MD

Mailing Address 49725 County 83

City

Staples

State

MN

Zip Code

56479-5280

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakewood Health System

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 31 / 2012

Transaction ID : C1670277

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Donald W Allen MD

Mailing Address PO Box 865

830 East 1120 South

City

Coalville

State

UT

Zip Code

84017-0865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 31 / 2012

Transaction ID : C1670423

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Julie Kay Anderson MD

Mailing Address 2248 Chelmsford Ln

City

Saint Cloud

State

MN

Zip Code

56301-9012

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Cloud Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 08 / 2012

Transaction ID : C1655057

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

930.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian L Bachelder MD

Mailing Address 570 Rotunda Ave

City

Akron

State

OH

Zip Code

44333-2648

FEC ID number of contributing
federal political committee.

C

Name of Employer

Akron General Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 08 / 2012

Transaction ID : C1656542

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Frederic Baker MD

Mailing Address 32 Mark Cir

City

Holden

State

MA

Zip Code

01520-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMMHC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2012

Transaction ID : C1656924

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Gordon Hugh Baustian MD

Mailing Address 3864 Lost Valley Rd SE

City

Cedar Rapids

State

IA

Zip Code

52403-2008

FEC ID number of contributing
federal political committee.

C

Name of Employer

MCHSI

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2012

Transaction ID : C1656761

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. D Michael Michael Baxter MD

Mailing Address 301 S 7Th Ave Ste 200

City State Zip Code
West Reading PA 19611-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reading Hospital & Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 17 / 2012

Transaction ID : C1664331

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. John L Bender MD

Mailing Address 4674 Snow Mesa Dr Ste 140

City State Zip Code
Fort Collins CO 80528-8614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miramont Family Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 23 / 2012

Transaction ID : C1667415

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Salvatore Bernardo Md Bernardo MD

Mailing Address 131 Pin Oak Rd

City State Zip Code
Freehold NJ 07728-9313

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2012

Transaction ID : C1654767

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1865.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Reid B Blackwelder MD

Mailing Address 4407 Leedy Rd
201 Cassel Dr

City Kingsport State TN Zip Code 37664-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Quillen College of Medicine

Occupation

Professor, Family Medicine

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 10 / 2012

Transaction ID : C1657035

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Kathleen A Bliese Walk MD

Mailing Address 210 Lakeside Dr
Ste 108

City Grand Island State NE Zip Code 68801-8536

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Holt Medical Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 30 / 2012

Transaction ID : C1669961

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Arthur Morgan Boyd MD

Mailing Address 2701 Prestwick Ct

City Kingsport State TN Zip Code 37660-0813

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 29 / 2012

Transaction ID : C1669621

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

830.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. James L Brand MD

Mailing Address 7201 Aurelia Rd

City

Oklahoma City

State

OK

Zip Code

73121-3038

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1648726

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. John F Brandt MD

Mailing Address 5002 NW 15th Pl

City

Gainesville

State

FL

Zip Code

32605-4555

FEC ID number of contributing
federal political committee.

C

Name of Employer

GI Geriatrics IM

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 16 / 2012

Transaction ID : C1663775

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Russell S Breish MD

Mailing Address 906 Spring Ave

City

Fort Washington

State

PA

Zip Code

19034-1416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chestnut Hill Hospital

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 30 / 2012

Transaction ID : C1669967

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1095.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tanja Britton MD

Mailing Address 227 Westcott Ave

City State Zip Code
 Colorado Springs CO 80906-4724

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 01 / 2012

Transaction ID : C1648648

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Ellen Sandra Brull MD

Mailing Address 830 Arbor Ln

City State Zip Code
 Glenview IL 60025-3234

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Family Medicine Associates of Lutheran

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 09 / 2012

Transaction ID : C1656763

Amount of Each Receipt this Period

83.40

Full Name (Last, First, Middle Initial)

c. Michael Shane Busman MD

Mailing Address 162 Quail Dr
 PO Box 6815

City State Zip Code
 Americus GA 31719-8506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Phoebe Sumter Medical Center

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 22 / 2012

Transaction ID : C1667178

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

748.40

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 OF 76
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas Lothrop Campbell MD

Mailing Address 1666 Clover St

City

Rochester

State

NY

Zip Code

14618-2518

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Rochester

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : C1667054

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Kenneth Keith Carrell MD

Mailing Address 1115 1st Ave S

City

Payette

State

ID

Zip Code

83661-2810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Family Health

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : C1669971

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dennis M Carroll MD

Mailing Address 1380 1500th St

City

Lincoln

State

IL

Zip Code

62656-5127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : C1667237

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

965.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lee Marvin Carter MD

Mailing Address PO BOX 506

City

Huntingdon

State

TN

Zip Code

38344-0506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 29 / 2012

Transaction ID : C1669603

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Frank M Castillo MD

Mailing Address 2750 W North Ave

City

Chicago

State

IL

Zip Code

60647-5247

FEC ID number of contributing
federal political committee.

C

Name of Employer

Erie Family Health Center

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 22 / 2012

Transaction ID : C1667221

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Susan Archer Chiarito MD

Mailing Address 1901 Mission 66

City

Vicksburg

State

MS

Zip Code

39180-3711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mission Primary Care Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654671

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

715.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles E Christianson MD

Mailing Address 3701 15th Ave S

City

Grand Forks

State

ND

Zip Code

58203-2817

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of North Dakota

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 22 / 2012

Transaction ID : C1667196

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Cecilia Ann Collins MD

Mailing Address 383 N Roscoe Blvd

City

Ponte Vedra Beach

State

FL

Zip Code

32082-2145

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cecilia A Collins M.D. P.A.

Occupation

Family physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 11 / 2012

Transaction ID : C1663357

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Emily Joy Colson MD

Mailing Address 123 S 27th St

PO Box 2151

City

Billings

State

MT

Zip Code

59101-4200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverstone Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1648614

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1230.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Patrick J Connolly MD

Mailing Address PO BOX 9746

City

Portland

State

ME

Zip Code

04104-5040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Martin's Point Health Care

Occupation

Family Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 17 / 2012

Transaction ID : C1664332

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Steven A Crawford MD

Mailing Address 900 Ne 10Th St

City

Oklahoma City

State

OK

Zip Code

73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician Faculty

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1666.70

Date of Receipt

05 / 16 / 2012

Transaction ID : C1664842

Amount of Each Receipt this Period

333.34

Full Name (Last, First, Middle Initial)

C. Brian K Crownover MD

Mailing Address 7416 Redhead Dr

City

North Las Vegas

State

NV

Zip Code

89084-2303

FEC ID number of contributing
federal political committee.

C

Name of Employer

USAF

Occupation

Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 12 / 2012

Transaction ID : C1663370

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1063.34

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Douglas W Curran MD

Mailing Address 117 Medical Cir

City

Athens

State

TX

Zip Code

75751-9003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeland Medical Accociates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654974

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jason B Dees MD

Mailing Address 620 W Longview Dr

City

New Albany

State

MS

Zip Code

38652-2415

FEC ID number of contributing
federal political committee.

C

Name of Employer

Magnolia Health Plan

Occupation

Chief Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 21 / 2012

Transaction ID : C1666733

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. George P Dempsey MD

Mailing Address 200 Pantigo PI

City

East Hampton

State

NY

Zip Code

11937-5920

FEC ID number of contributing
federal political committee.

C

Name of Employer

George Dempsey MD, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 30 / 2012

Transaction ID : C1670229

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark A Dickens

Mailing Address 3141 Traci Ln

City

Dewitt

State

MI

Zip Code

48820-7743

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan Academy of Family Physicians

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2012

Transaction ID : C1664472

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Katerina Canieso Doronila MD

Mailing Address 4525 Hilltop Dr
1221 E State St

City

Loves Park

State

IL

Zip Code

61111-8663

FEC ID number of contributing
federal political committee.

C

Name of Employer

OSF Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2012

Transaction ID : C1663715

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Robert Eidus MD

Mailing Address 123 N Union Ave
Ste 204

City

Cranford

State

NJ

Zip Code

07016-2198

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanguard Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2012

Transaction ID : C1655051

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1095.00

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wanda D Filer MD

Mailing Address 510 Aqua Ct

City State Zip Code
 York PA 17403-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Strategic Health Institute

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2012

Transaction ID : C1755721

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Brian James Finley MD

Mailing Address 803 N Madison St

City State Zip Code
 Papillion NE 68046-4315

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Nebraska Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 07 / 2012

Transaction ID : C1654702

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Leonard Martin Finn MD

Mailing Address 42 Grasmere Rd

City State Zip Code
 Needham MA 02494-1806

FEC ID number of contributing
federal political committee.

C

Name of Employer

Needham Family Practice Assoc., PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 22 / 2012

Transaction ID : C1667189

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1080.00

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lynn R Fisher

Mailing Address 3103 Thunderbird Dr

City

State

Zip Code

Hays

KS

67601-1423

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Lifeline Family Medicine

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 08 / 2012

Transaction ID : C1655046

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Michael O Fleming MD

Mailing Address 556 Dunmoreland Dr

City

State

Zip Code

Shreveport

LA

71106-6125

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Amedisys, Inc

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 15 / 2012

Transaction ID : C1664844

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. S Gay Freeman MD

Mailing Address 94 Morton Rd

City

State

Zip Code

South Chatham

MA

02659-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 23 / 2012

Transaction ID : C1667414

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1615.00

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carolyn N Gaughan CAE

Mailing Address E Dir KS AFP Bldg 1046 - C
 7570 W 21st St N 1046C

City State Zip Code
 Wichita KS 67205-1734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas Academy of Family Physicians

Occupation

Chapter Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 18 / 2012

Transaction ID : C1664432

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. David J Gavareski MD

Mailing Address 1505 Lakeway PI

City State Zip Code
 Bellingham WA 98229-5133

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 16 / 2012

Transaction ID : C1663709

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Valerie J Gilchrist MD

Mailing Address c/o Dana Jensen
 1100 Delaplaine Court

City State Zip Code
 Madison WI 53715-1849

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Wisconsin Dept of Family

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 22 / 2012

Transaction ID : C1666785

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1265.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Roland Adolph Goertz MD

Mailing Address 1600 Providence Dr

City

Waco

State

TX

Zip Code

76707-2261

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Practice Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 03 / 2012

Transaction ID : C1651682

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gary B Grandle MD

Mailing Address 9721 Lakeland Rd

City

Oklahoma City

State

OK

Zip Code

73162-7436

FEC ID number of contributing
federal political committee.

C

Name of Employer

FGMA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1648660

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Marin Catherine Granholm MD

Mailing Address 13621 Sunset View St

City

Anchorage

State

AK

Zip Code

99515-4102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anchorage Neighborhood Health Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654846

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

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1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Reetu Grewal MD

Mailing Address 8431 Twisted Vine Ct

City State Zip Code
 Jacksonville FL 32216-1173

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of FL

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 08 / 2012

Transaction ID : C1656538

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. John Allan Gross MD

Mailing Address 506 15th Ave NE

City State Zip Code
 Saint Petersburg FL 33704-4707

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Anthony's Primary Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 18 / 2012

Transaction ID : C1664473

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. James Wesley Guyer MD

Mailing Address 3314 Jack Burke Ln

City State Zip Code
 Billings MT 59106-1112

FEC ID number of contributing
federal political committee.

C

Name of Employer

RiverStone Health Clinics

Occupation

Physician/Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 22 / 2012

Transaction ID : C1667185

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kimberly Kaye Hanigar MD

Mailing Address 37210 Clearpond Rd

City

Shawnee

State

OK

Zip Code

74801-6028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1648711

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lori J Heim MD

Mailing Address 250 Hollybrook Farm Ln

City

Vass

State

NC

Zip Code

28394-8952

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scotland Memorial Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

05 / 15 / 2012

Transaction ID : C1663596

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Lori J Heim MD

Mailing Address 250 Hollybrook Farm Ln

City

Vass

State

NC

Zip Code

28394-8952

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scotland Memorial Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

05 / 30 / 2012

Transaction ID : C1669955

Amount of Each Receipt this Period

112.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1362.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel J Heinemann MD

Mailing Address PO BOX 5039

City

Sioux Falls

State

SD

Zip Code

57117-5039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sioux Valley Health Systems

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 18 / 2012

Transaction ID : C1667554

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Miyoshi L Henry MD

Mailing Address 3030 William Tell St

City

Slidell

State

LA

Zip Code

70458-4344

FEC ID number of contributing
federal political committee.

C

Name of Employer

Slydale Memorial Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2012

Transaction ID : C1663774

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Thomas C Hines MD

Mailing Address 10 Whittemore St

City

Arlington

State

MA

Zip Code

02474-6602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Boston Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2012

Transaction ID : C1654616

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1030.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Beulette Y Hooks MD

Mailing Address 7286 E Wynfield Loop

City State Zip Code
Midland GA 31820-3925

FEC ID number of contributing
federal political committee.

C

Name of Employer

DOD

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2012

Transaction ID : C1654961

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Rebecca Jaffe MD

Mailing Address 3105 Limestone Rd Ste 300

City State Zip Code
Wilmington DE 19808-2156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rebecca Jaffe and Asso, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2012

Transaction ID : C1654973

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Paul Arthur James MD

Mailing Address 01286-D PFP
200 HAWKINS DR

City State Zip Code
Iowa City IA 52242-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Iowa

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : C1670391

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1730.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Melissa Jefferis MD

Mailing Address 1142 Worthington Woods Blvd

City State Zip Code
Columbus OH 43085-1567

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2012

Transaction ID : C1654972

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Jessica Johnson

Mailing Address 38 Hall St

City State Zip Code
Newington CT 06111-2553

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Medical Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2012

Transaction ID : C1663595

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Lent C Johnson MD

Mailing Address 2505 Hyacinth Ave

City State Zip Code
Hannibal MO 63401-2274

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hannibal Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : C1670426

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

665.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carla Lee Kakutani MD

Mailing Address 438 Abbey St

City State Zip Code
Winters CA 95694-1837

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sutter Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 17 / 2012

Transaction ID : C1664341

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Gregory Michael Kimura MD

Mailing Address 16352 Sundancer Ln

City State Zip Code
Huntington Beach CA 92649-2530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centers For Family Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2012

Transaction ID : C1654614

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Susan Karen Kinast-Porter MD

Mailing Address 2302 11th St

City State Zip Code
Monroe WI 53566-1811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Health System

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 02 / 2012

Transaction ID : C1650471

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. James Darrel King MD

Mailing Address 270 E Court Ave
Ste B

City State Zip Code
Selmer TN 38375-2304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Primecare Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2012

Transaction ID : C1663702

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Anne L Kittendorf MD

Mailing Address 999 Marshall Lakes Dr

City State Zip Code
Dexter MI 48130-8410

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Michigan

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2012

Transaction ID : C1664468

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Bruce Thomas Kline MD

Mailing Address 10713 Gigi Dr

City State Zip Code
Orland Park IL 60462-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
McNeil Health Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2012

Transaction ID : C1648732

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven D Knight MD

Mailing Address 103 Williams Dr

City

Harrisburg

State

IL

Zip Code

62946-3778

FEC ID number of contributing
federal political committee.

C

Name of Employer

Primary Care Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 08 / 2012

Transaction ID : C1655064

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Laura C Knobel MD

Mailing Address 3 Freedom Way

City

Walpole

State

MA

Zip Code

02081-2290

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 17 / 2012

Transaction ID : C1664261

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Russell Wade Kohl MD

Mailing Address 113 Park Ter

City

Vinita

State

OK

Zip Code

74301-2717

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654764

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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1015.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter J Koopman MD

Mailing Address 1011 Sycamore Ln

City State Zip Code
Columbia MO 65203-2962

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Of Missouri

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2012

Transaction ID : C1664457

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Rakesh Koul MD

Mailing Address 63 Wilson Ave

City State Zip Code
Westbury NY 11590-2114

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2012

Transaction ID : C1656527

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Stanley M Kozakowski MD

Mailing Address 13213 Reeder St

City State Zip Code
Overland Park KS 66213-3657

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAFP

Occupation

Director, Division of Medical Educatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 25 / 2012

Transaction ID : C1669403

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

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1095.00

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jerry E Kruse MD

Mailing Address 612 N 11Th St Ste B

City
Quincy

State
IL

Zip Code
62301-2662

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Illinois University

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2012

Transaction ID : C1663719

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Jerry E Kruse MD

Mailing Address 612 N 11Th St Ste B

City
Quincy

State
IL

Zip Code
62301-2662

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Illinois University

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : C1667033

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Ajoy Kumar MD

Mailing Address 749 Nina Dr

City
Tierra Verde

State
FL

Zip Code
33715-2038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bayfront Family Medicine Residency

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2012

Transaction ID : C1655025

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1095.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kevin K Kurohara MD

Mailing Address 75 Puuhonu PI Ste 205

City State Zip Code
Hilo HI 96720-2000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2012

Transaction ID : C1656541

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Anton J Kuzel MD

Mailing Address PO Box 980251

City State Zip Code
Richmond VA 23298-0251

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Virginia Commonwealth University

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2012

Transaction ID : C1664481

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Michael H Lambke MD

Mailing Address 64 Fairview Ave

City State Zip Code
Skowhegan ME 04976-1471

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2012

Transaction ID : C1656525

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey Brian Lanier MD

Mailing Address 354 Quail Ridge Dr

City State Zip Code
Midland GA 31820-6104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Government Practice

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2012

Transaction ID : C1669588

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Paul Alan Lazar MD

Mailing Address G3230 Beecher Rd
Ste 1

City State Zip Code
Flint MI 48532-3604

FEC ID number of contributing
federal political committee.

C

Name of Employer
McLaren

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2012

Transaction ID : C1664436

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Robert Stanley Lemons MD

Mailing Address 2463 Madison Ave

City State Zip Code
Memphis TN 38112-4309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : C1670393

Amount of Each Receipt this Period

243.33

SUBTOTAL of Receipts This Page (optional)..... ►

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973.33

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ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Katherine R Lichtenberg DO, MPH

Mailing Address 601 Nirk Ave

City

Kirkwood

State

MO

Zip Code

63122-5626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2012

Transaction ID : C1654840

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Patricia Jean Lindholm MD

Mailing Address 615 S Mill St

City

Fergus Falls

State

MN

Zip Code

56537-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Region Medical Group

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2012

Transaction ID : C1669958

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Alma J Brown Littles MD

Mailing Address 74 Havana Hwy

City

Quincy

State

FL

Zip Code

32352-6001

FEC ID number of contributing
federal political committee.

C

Name of Employer

FSU College of Medicine

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2012

Transaction ID : C1663788

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1105.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robyn A Liu MD

Mailing Address 1604 SE Stark St

City

Portland

State

OR

Zip Code

97214-1459

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Health & Science University

Occupation

Assistant Professor, Family Medicine

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1648850

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jesus L Lizarzaburu MD

Mailing Address 108 Kicotan Turn

City

Yorktown

State

VA

Zip Code

23693-2609

FEC ID number of contributing
federal political committee.

C

Name of Employer

TPMG Grafton Family Practice

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654763

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Cathleen G London MD

Mailing Address 440 W End Ave

City

New York

State

NY

Zip Code

10024-5358

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 08 / 2012

Transaction ID : C1655065

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael L Madden MD

Mailing Address 4907 Windermere Blvd

City

Alexandria

State

LA

Zip Code

71303-2459

FEC ID number of contributing
federal political committee.

C

Name of Employer

L.S. U. HSC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 23 / 2012

Transaction ID : C1667409

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Michele C Marler MD

Mailing Address 122 10Th Ave S

City

Shelby

State

MT

Zip Code

59474-2224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 22 / 2012

Transaction ID : C1667205

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. R. Shawn Martin

Mailing Address 2722 Ordway St NW
Apt 1

City

Washington

State

DC

Zip Code

20008-5045

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAFP

Occupation

Vice President, Practice Advancement &

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 17 / 2012

Transaction ID : C1664340

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Melissa L Martinez MD

Mailing Address 32 Chavez Rd

City
Belen

State
NM

Zip Code
87002-7567

FEC ID number of contributing
federal political committee.

C

Name of Employer

Presbyterian Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

05 / 31 / 2012

Transaction ID : C1670006

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

B. Lara D Mashek MD

Mailing Address 4521 Gracelann

City

Shawnee

State

OK

Zip Code

74804-2366

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Arkansas for Medical Sci

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654836

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Landrum I McCarrell MD

Mailing Address PO BOX 489

9 McElhaney Rd

City

Travelers Rest

State

SC

Zip Code

29690-0489

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Health Corp.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 22 / 2012

Transaction ID : C1667218

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

790.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anna M McMaster MD

Mailing Address U335 State Route 109

City

Liberty Center

State

OH

Zip Code

43532-8703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry County Family Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 08 / 2012

Transaction ID : C1655056

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Douglas Terry Mehaffie MD

Mailing Address 148 Wall Blvd

City

Gretna

State

LA

Zip Code

70056-7107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Westbank Urgent

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 30 / 2012

Transaction ID : C1669959

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1648667

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

755.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2012

Transaction ID : C1656543

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2012

Transaction ID : C1663714

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : C1667208

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. John S Meigs MD

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

05 / 31 / 2012

Transaction ID : C1670834

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Alisha Renee Miller MD

Mailing Address 315 W 33rd St

Apt 25F

City

New York

State

NY

Zip Code

10001-2793

FEC ID number of contributing
federal political committee.

C

Name of Employer

Manhattan's Physician Group

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 30 / 2012

Transaction ID : C1670239

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Anne M Montgomery MD

Mailing Address 1708 S Martin St

City

Spokane

State

WA

Zip Code

99203-3751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

05 / 20 / 2012

Transaction ID : C1665986

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

640.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dale C Moquist MD

Mailing Address 4318 Lake Walk Ct

City

Missouri City

State

TX

Zip Code

77459-3268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Family Medicine Residency

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2012

Transaction ID : C1663379

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Walter Hugh Morgan MD

Mailing Address 801 Mobley St

City

Johnston

State

SC

Zip Code

29832-1366

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2012

Transaction ID : C1656540

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Cynthia Morris MD

Mailing Address 182 Yulupa Cir

City

Santa Rosa

State

CA

Zip Code

95405-5136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2012

Transaction ID : C1670422

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1730.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sachidanandan Sachidanandan Naidu Naidu

Mailing Address 11701 Mill Hollow Ct

City State Zip Code
 Oklahoma City OK 73131-7526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 08 / 2012

Transaction ID : C1655048

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Thu Amy Nguyen Nguyen

Mailing Address 2222 Neilson Way
 #301

City State Zip Code
 Santa Monica CA 90405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 16 / 2012

Transaction ID : C1663728

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Cheri L Olson MD

Mailing Address 102 Kinder Rd

City State Zip Code
 La Crescent MN 55947-9741

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic Health System

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2012

Transaction ID : C1670425

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gwendolyn A Oran MD

Mailing Address 295 Lakepoint PI N
Apt 244

City State Zip Code
Keizer OR 97303-8319

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : C1669962

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Javette C Orgain MD

Mailing Address PO Box 806527

City State Zip Code
Chicago IL 60680-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF ILLINOIS COLLEGE OF
MEDICINE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2012

Transaction ID : C1669604

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Roanne Michele Osborne-Gaskin MD

Mailing Address 13 Fox Ridge Cres

City State Zip Code
Warwick RI 02886-1705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duffy Health Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2012

Transaction ID : C1664482

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

890.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Neil Robert Oslos MD

Mailing Address 201 N Clyde Morris Blvd Ste 200
 303 N Clyde Morris Blvd

City State Zip Code
 Daytona Beach FL 32114-2765

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Halifax Medical Center

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 23 / 2012

Transaction ID : C1667410

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Charles Ted Paulk MD

Mailing Address 1502 Colgate Ct

City State Zip Code
 Dothan AL 36303-5909

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Family Practice Clinic

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 07 / 2012

Transaction ID : C1654613

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

C. Karla Graue Pratt

Mailing Address Executive Vice Pres - WA AFP
 1050 140th Ave NE Ste C

City State Zip Code
 Bellevue WA 98005-2972

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Washington Academy of Family Physician

Occupation
 Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 07 / 2012

Transaction ID : C1654765

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

985.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Soujanya R Pulluru MD

Mailing Address 3908 Littlestone Cir

City
Naperville

State Zip Code
IL 60564-5915

FEC ID number of contributing
federal political committee.

C

Name of Employer
DuPage Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2012

Transaction ID : C1654665

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Keith M Ratcliff MD

Mailing Address 864 Kleekamp Ln

City
Washington

State Zip Code
MO 63090-5560

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patients First Health Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2012

Transaction ID : C1654624

Amount of Each Receipt this Period

366.00

Full Name (Last, First, Middle Initial)

C. Sean William Reed MD

Mailing Address PO Box 800729
313 Meade Ave

City
Charlottesville

State Zip Code
VA 22908-0729

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Virginia

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 18 / 2012

Transaction ID : C1664434

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1116.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mary Riley Renard MD

Mailing Address 2108 Freda Dr

City

Vienna

State

VA

Zip Code

22181-3259

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fairfax Family Practice Centers, Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 31 / 2012

Transaction ID : C1670785

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert E Reneker MD

Mailing Address 2652 Gullmont Dr SW

City

Wyoming

State

MI

Zip Code

49418-9302

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Mary's/Advantage Health Medical Gro

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 18 / 2012

Transaction ID : C1664456

Amount of Each Receipt this Period

135.00

Full Name (Last, First, Middle Initial)

c. Stephen D Richards DO

Mailing Address 404 E Kennedy St

City

Algona

State

IA

Zip Code

50511-3448

FEC ID number of contributing
federal political committee.

C

Name of Employer

N. Iowa Health System/SELF

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 17 / 2012

Transaction ID : C1664338

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1635.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lonnie S Robinson MD

Mailing Address 4683 Old Military Rd

City

Mountain Home

State

AR

Zip Code

72653-4871

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regional Family Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 08 / 2012

Transaction ID : C1655045

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Mark David Robinson MD

Mailing Address 812 Rothmoor Dr Ne

City

Concord

State

NC

Zip Code

28025-2582

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas Healthcare System

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 22 / 2012

Transaction ID : C1667202

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert R Rodak DO

Mailing Address 6445 Pepper Ct

City

Erie

State

PA

Zip Code

16505-2673

FEC ID number of contributing
federal political committee.

C

Name of Employer

UPMC Hamot, RHS

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 12 / 2012

Transaction ID : C1663367

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ronald R Roth MD

Mailing Address 100 Maple Ave

City State Zip Code
 Smithtown NY 11787-3519

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 29 / 2012

Transaction ID : C1669634

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Flora F Sadri-Azarbayejani DO

Mailing Address 427 S Mountain Rd

City State Zip Code
 Northfield MA 01360-9684

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Gardner Family Medicine

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 19 / 2012

Transaction ID : C1665971

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dennis F Salisbury MD

Mailing Address 435 S Crystal St

City State Zip Code
 Butte MT 59701-1506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Rocky Mountain Clinic

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 22 / 2012

Transaction ID : C1666787

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

915.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 76
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sarah L Sams MD

Mailing Address 2994 Frazell Rd

City State Zip Code
 Hilliard OH 43026-9785

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Grant Medical Center

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 20 / 2012

Transaction ID : C1667555

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Paul J Schommer MD

Mailing Address 311 W Noble Ave
 Ste 202

City State Zip Code
 Visalia CA 93277-2669

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 22 / 2012

Transaction ID : C166751

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Jon C Seager MD

Mailing Address 602 Church St SW

City State Zip Code
 North Canton OH 44720-2904

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Community Health Care Inc

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 17 / 2012

Transaction ID : C1664333

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. George Wm Shannon MD

Mailing Address 2301 Slate Dr

City

Columbus

State

GA

Zip Code

31906-1443

FEC ID number of contributing
federal political committee.

C

Name of Employer

Horizons Diagnostics

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 19 / 2012

Transaction ID : C1665972

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Jon Andrew Shull

Mailing Address 15799 Cedar Ridge Ct

City

Granger

State

IN

Zip Code

46530-6513

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Tennessee

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 08 / 2012

Transaction ID : C1655044

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Keith Michael Shute MD

Mailing Address 578 Milan Hill Rd

City

Milan

State

NH

Zip Code

03588-3221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Andoriscoggin Valley Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 16 / 2012

Transaction ID : C1663720

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

565.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Keith Michael Shute MD

Mailing Address 578 Milan Hill Rd

City
Milan

State
NH

Zip Code
03588-3221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Andoroscoggin Valley Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 31 / 2012

Transaction ID : C1670004

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Patrick Brent Smith MD

Mailing Address 404 Bedford Pl

City
Brandon

State
MS

Zip Code
39047-4532

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Mississippi School of Me

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.78

Date of Receipt

05 / 02 / 2012

Transaction ID : C1649914

Amount of Each Receipt this Period

88.89

Full Name (Last, First, Middle Initial)

C. William D Smucker MD

Mailing Address PO BOX 228

6601 Smucker Drive

City
Westfield Center

State
OH

Zip Code
44251-0228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Pracitce Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 23 / 2012

Transaction ID : C1667395

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

438.89

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lisa Gail Soldat MD

Mailing Address 6940 NW Beaver Dr

City

Johnston

State

IA

Zip Code

50131-1246

FEC ID number of contributing
federal political committee.

C

Name of Employer

Broadlawns Medical Center

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 08 / 2012

Transaction ID : C1655049

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Charles M Sow MD

Mailing Address 720 Westview Dr SW

City

Atlanta

State

GA

Zip Code

30310-1458

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 02 / 2012

Transaction ID : C1649906

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Mark C Speelman MD

Mailing Address 861 W Abbey Dr

City

Medina

State

OH

Zip Code

44256-2927

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUMMA Inc

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 16 / 2012

Transaction ID : C1663725

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1095.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Diane Marie Steere MD

Mailing Address 800 N Carriage Pkwy

City

Wichita

State

KS

Zip Code

67208-4508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654679

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kevin Eugene Steichen MD

Mailing Address 2254 E 37th St

City

Tulsa

State

OK

Zip Code

74105-3432

FEC ID number of contributing
federal political committee.

C

Name of Employer

Omni Medical Group

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 01 / 2012

Transaction ID : C1648719

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Elizabeth Steiner MD

Mailing Address 3181 SW Sam Jackson Park Rd

City

Portland

State

OR

Zip Code

97239-3011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Health & Science University

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 08 / 2012

Transaction ID : C1655037

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory J Steinmetz MD

Mailing Address 150 Bluff Ave

City

Cranston

State

RI

Zip Code

02905-3727

FEC ID number of contributing
federal political committee.

C

Name of Employer

APCM

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2012

Transaction ID : C1667190

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert J Stenger MD MPH

Mailing Address 627 S 5Th St W

City

Missoula

State

MT

Zip Code

59801-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Health and Services

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2012

Transaction ID : C1667412

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Ohnmar H Thaung MD

Mailing Address 1721 W Yosemite Ave

City

Manteca

State

CA

Zip Code

95337-5130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kiezer Permanente

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2012

Transaction ID : C1667215

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

980.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barbara L Thompson MD

Mailing Address 301 University Blvd

City

Galveston

State

TX

Zip Code

77555-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 22 / 2012

Transaction ID : C1666784

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Daniel J Van Durme MD

Mailing Address 7023 Dardwood Ln

City

Tallahassee

State

FL

Zip Code

32312-3511

FEC ID number of contributing
federal political committee.

C

Name of Employer

FSU College of Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654621

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

c. Lloyd P Van Winkle MD

Mailing Address PO BOX 960

City

Castroville

State

TX

Zip Code

78009-0960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.15

Date of Receipt

05 / 16 / 2012

Transaction ID : C1664839

Amount of Each Receipt this Period

45.63

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

915.63

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 56 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tanya L Vreeke DO

Mailing Address 113 5Th Ave E

City

Cresco

State

IA

Zip Code

52136-1309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 22 / 2012

Transaction ID : C1667219

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. James Howard Walker MD

Mailing Address 1706 Ridgevue Ave

City

Clifton Forge

State

VA

Zip Code

24422-1451

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 08 / 2012

Transaction ID : C1656528

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Randell K Wexler MD

Mailing Address 6040 Haybury Dr

City

New Albany

State

OH

Zip Code

43054-8691

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State University

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

05 / 02 / 2012

Transaction ID : C1649804

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard Andre Wherry MD

Mailing Address 59 Tipton Dr

City

Dahlonega

State

GA

Zip Code

30533-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chestatee Regional Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 17 / 2012

Transaction ID : C1664263

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kent E Willyard MD

Mailing Address 3 Assembly Ct

City

Newport News

State

VA

Zip Code

23606-2021

FEC ID number of contributing
federal political committee.

C

Name of Employer

TPMG

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654766

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Ashby Jane Wolfe MD

Mailing Address 4378 17th St Apt A

City

San Francisco

State

CA

Zip Code

94114-1888

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 07 / 2012

Transaction ID : C1654673

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 76
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kevin Michael Wong MD

Mailing Address 196 Connor Dr

City

Jeannette

State

PA

Zip Code

15644-1162

FEC ID number of contributing
federal political committee.

C

Name of Employer

WPAHS

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 03 / 2012

Transaction ID : C1652377

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. W Michael Michael Woods MD

Mailing Address 393270 W 2900 Rd

City

Ochelata

State

OK

Zip Code

74051-9703

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2012

Transaction ID : C1648723

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Lillian Wu MD

Mailing Address 278 Lind Ave NW

City

Renton

State

WA

Zip Code

98057-5136

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthpoint

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2012

Transaction ID : C1655061

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1095.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 59 OF 76
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kevin Keith Wycoff MD

Mailing Address 1244 Heritage Dr

City

Hastings

State

NE

Zip Code

68901-2827

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Medical Center of Hastings

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2012

Transaction ID : C1666748

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Herbert Foreman Young MD

Mailing Address 10313 Cherokee Ln

City

Leawood

State

KS

Zip Code

66206-2510

FEC ID number of contributing
federal political committee.

C

Name of Employer

AAFP

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2012

Transaction ID : C1655059

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Kim K Yu MD

Mailing Address 26030 Island Lake Dr

City

Novi

State

MI

Zip Code

48374-2161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2012

Transaction ID : C1654709

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1095.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 60 OF 76

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph W Zebley MD

Mailing Address 3810 Juniper Rd

City
Baltimore

State
MD

Zip Code
21218-1827

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenspring Medical Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2012

Transaction ID : C1663723

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Cynthia B Zelis MD

Mailing Address 18181 Pearl Rd
Ste A104

City

Strongsville

State

OH

Zip Code

44136-6965

FEC ID number of contributing
federal political committee.

C

Name of Employer

UHMP

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2012

Transaction ID : C1663733

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

865.00

60707.59

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 61 OF 76

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3196.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2012

Transaction ID : C1648662

Amount of Each Receipt this Period

499.36

Full Name (Last, First, Middle Initial)

B. American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3196.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2012

Transaction ID : C1663699

Amount of Each Receipt this Period

355.49

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

854.85

854.85

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

4.06

05 / 04 / 2012

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

11.38

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

10.56

26.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

6.50

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

MM / DD / YYYY

Mode of Transport	Percentage
Car	45%
Public transport	32%
Bicycle	18%
Walking	5%

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

58.34

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

68.09

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 64 OF 76

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 14 2012

Transaction ID : D133662

Amount of Each Disbursement this Period

51.68

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 14 2012

Transaction ID : D133663

Amount of Each Disbursement this Period

3.25

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City State Zip Code
Phoenix AZ 85072-3852
Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 16 2012

Transaction ID : D133664

Amount of Each Disbursement this Period

11.86

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

66.79

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 OF 76

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2012

Transaction ID : D133665

Amount of Each Disbursement this Period

114.83

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 21 / 2012

Transaction ID : D133666

Amount of Each Disbursement this Period

8.13

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Bank card processing fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : D133667

Amount of Each Disbursement this Period

25.42

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

148.38

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

3.25

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

0.98

5.23

[illegible]

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

32.50

MM / DD / YYYY

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

11.23

05 / 29 / 2012

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

7.95

51.68

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

1.30

05 / 31 / 2012

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

3.25

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

47.70

Country	Percentage
United States	52.25
Canada	45.25
Germany	42.25
France	40.25
Italy	38.25
Spain	35.25
United Kingdom	32.25
Japan	28.25
South Korea	25.25
Australia	22.25

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 69 OF 76

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank Of America Merchant Services

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2012

Mailing Address WA2-505-01-40
PO Box 2485

City Spokane State WA Zip Code 99210-2485

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/
Type

Transaction ID : D133654

Amount of Each Disbursement this Period

566.88

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

566.88

985.30

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. McGoff for Congress

Mailing Address PO Box 44003

City	State	Zip Code
Indianapolis	IN	46244-0003

Purpose of Disbursement
Campaign contribution

Candidate Name

Dr Joun P McGoffOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2012

Transaction ID : D127906

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BILL CASSIDY FOR CONGRESS

Mailing Address 8550 United Plaza Blvd.

City	State	Zip Code
Baton Rouge	LA	70809

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Bill CassidyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2012

Transaction ID : D128784

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PASCRELL FOR CONGRESS

Mailing Address P.O. Box 640

City	State	Zip Code
Totowa	NJ	07511

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Bill Pascrell Jr.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2012

Transaction ID : D128779

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. BENISHEK FOR CONGRESS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2012

Mailing Address PO BOX 2012

City	State	Zip Code
KINGSFORD	MI	49802

Transaction ID : D128927Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. Dan BenishekCategory/
Type

2500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Full Name (Last, First, Middle Initial)

B. CANTOR FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2012

Mailing Address P. O. Box 17813

City	State	Zip Code
Richmond	VA	23226

Transaction ID : D128782Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. Eric CantorCategory/
Type

2500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 07

Full Name (Last, First, Middle Initial)

C. SCHAKOWSKY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		01		2012

Mailing Address PO Box 5130

City	State	Zip Code
Evanston	IL	60204-5130

Transaction ID : D127908Purpose of Disbursement
Campai9gn contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. Jan SchakowskyCategory/
Type

1000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 09

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOE HECK

Mailing Address PO Box 750114

City	State	Zip Code
Las Vegas	NV	89136

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Joe Heck

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NV	District: 03

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	23	/	2012

Transaction ID : D128967

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FLEMING FOR CONGRESS

Mailing Address PO Box 1236

City	State	Zip Code
Minden	LA	71058-1236

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. John Fleming

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: LA	District: 04

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	01	/	2012

Transaction ID : D127907

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. KURT SCHRADER FOR CONGRESS

Mailing Address PO Box 3314

City	State	Zip Code
Oregon City	OR	97045

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Kurt Schrader

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: OR	District: 05

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	17	/	2012

Transaction ID : D128931

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. MARTIN HEINRICH FOR SENATE

Mailing Address PO Box 25763

City	State	Zip Code
Albuquerque	NM	87125-0763

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Martin Heinrich

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		17		2012

Transaction ID : D128775

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. TIBERI FOR CONGRESSMailing Address 2931 E Dublin Granville Road
Ste 2000

City	State	Zip Code
Columbus	OH	43231

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Pat Tiberi

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2012

Transaction ID : D129146

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

C. RYAN FOR CONGRESS

Mailing Address P. O. Box 1919

City	State	Zip Code
Janesville	WI	53547

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Paul D. Ryan

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		17		2012

Transaction ID : D128924

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4700.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. PETE STARK RE-ELECTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2012

Mailing Address P.O. Box 8331

City	State	Zip Code
Fremont	CA	94537

Transaction ID : D128925Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. Pete StarkCategory/
Type

2500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 13

Full Name (Last, First, Middle Initial)

B. Berkley For Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2012

Mailing Address 3077 E Warm Springs Rd
Ste 300

City	State	Zip Code
Las Vegas	NV	89120-3752

Transaction ID : D128786Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. Shelley BerkleyCategory/
Type

5000.00

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District: 00

Full Name (Last, First, Middle Initial)

C. PRICE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2012

Mailing Address P.O. Box 425

City	State	Zip Code
Roswell	GA	30077

Transaction ID : D128926Purpose of Disbursement
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. Tom PriceCategory/
Type

2500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 06

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. BECERRA FOR CONGRESS

Mailing Address P.O. Box 261060

City	State	Zip Code
Los Angeles	CA	90026

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Xavier Becerra

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 31

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2012

Transaction ID : D128777

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City	State	Zip Code
EAST LANSING	MI	48826

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Debbie Stabenow

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2012

Transaction ID : D128929

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. WE THE PEOPLE PAC

Mailing Address P.O. Box 2232

City	State	Zip Code
Jenkintown	PA	19046

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2012

Transaction ID : D128778

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

11000.00

42200.00

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

American Academy of Family Physicians Political Action Committee

A. Dr. Lori J Heim MD

Category/
Type

1000.00

State: District:

B.

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

C.

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

1000.00

1000.00